

## **Transport Refrigeration Unit (TRU) and/or TRU Generator Set Business Reporting Form for Partnerships**

*THIS FORM IS TO BE USED ONLY BY BUSINESSES THAT HAVE IDENTIFIED THEMSELVES AS A PARTNERSHIP*

RECORDKEEPING THAT SUBSTANTIATES THE INFORMATION REPORTED ON THIS FORM SHALL BE MAINTAINED AND SHALL BE COMPILED AND MADE AVAILABLE TO STATE INSPECTORS UPON REQUEST FOR A MINIMUM OF THREE (3) YEARS FROM THE DATE OF SUBMISSION.

STATE LAW REQUIRES APPLICABLE FACILITIES TO CONDUCT RECORDKEEPING AND REPORTING IN ACCORDANCE WITH TITLE 13 OF THE CALIFORNIA CODE OF REGULATIONS, SECTION 2477 AIRBORNE TOXIC CONTROL MEASURE FOR IN-USE DIESEL-FUELED TRANSPORT REFRIGERATION UNITS (TRU) AND TRU GENERATOR SETS, AND FACILITIES WHERE TRUS OPERATE. FAILURE TO REPORT OR REPORTING OF FALSE INFORMATION IS A VIOLATION OF STATE LAW AND COULD RESULT IN CIVIL PENALTIES. PENALTIES VARY, DEPENDING ON THE CIRCUMSTANCES, CAN RANGE FROM \$1000 TO \$35,000 PER VIOLATION IF THE DEFENDANT KNOWINGLY FALSIFIES ANY REQUIRED DOCUMENT (E.G., RECORDS AND REPORTS). (HEALTH AND SAFETY CODE SECTIONS 39674, 42402, OR 42400.3.5.) PENALTIES ARE NOT EXCUSED FOR NEGLIGENT RECORDKEEPING AND REPORTING.

IF YOU WISH TO DESIGNATE ANY INFORMATION IN THIS REPORT AS CONFIDENTIAL INFORMATION, PLEASE INDICATE SO IN THE RESPONSE AREA BELOW (QUESTION #2). THE DESIGNATED INFORMATION WILL BE HANDLED IN ACCORDANCE WITH THE DISCLOSURE OF PUBLIC RECORDS PROVISIONS OF TITLE 17 CCR, SECTIONS 91000 TO 91022 AND THE CALIFORNIA PUBLIC RECORDS ACT (GOVERNMENT CODE SECTION 6250, ET SEQ.).

### **INSTRUCTIONS FOR COMPLETING THIS FORM (FORM STARTS ON PAGE 3)**

*THIS FORM MUST BE COMPLETED IN FULL AND SIGNED. PLEASE PRINT OR TYPE ALL INFORMATION IN CAPITAL LETTERS – USE BLACK OR BLUE INK. THIS FORM SHOULD NOT BE ALTERED.*

1. INDICATE IF THE INFORMATION ON THIS FORM IS BEING SUBMITTED FOR THE FIRST TIME OR IS BEING SUBMITTED TO CORRECT INFORMATION ON AN EARLIER FORM.
2. INDICATE IF YOU WOULD LIKE THE INFORMATION ON THIS FORM TO BE CONSIDERED CONFIDENTIAL TO THE EXTENT ALLOWED BY LAW.
3. ENTER THE LEGAL NAME OF THE PARTNERSHIP THAT OPERATES THE REFRIGERATED FACILITY(IES):
4. ENTER THE FEDERAL I.D. NUMBER OF THIS BUSINESS AS OF DECEMBER 31, 2005.
5. ENTER THE MAILING ADDRESS OF THE PARTNERSHIP.
6. ENTER THE CITY CORRESPONDING WITH THE MAILING ADDRESS.
7. ENTER THE TWO-LETTER POSTAL ABBREVIATION FOR THE STATE CORRESPONDING WITH THE MAILING ADDRESS.

TO VIEW A LIST OF FREQUENTLY ASKED QUESTIONS (FAQS), OBTAIN A COPY OF THE REGULATION, ARB STAFF REPORT, AND OTHER RELATED DOCUMENTS, VISIT OUR WEBSITE AT [HTTP://WWW.ARB.CA.GOV/REGACT/TRUDE03/TRUDE03.HTM](http://www.arb.ca.gov/regact/trude03/trude03.htm)

IF YOU HAVE A DISABILITY-RELATED ACCOMMODATION NEED, PLEASE GO TO [HTTP://WWW.ARB.CA.GOV/HTML/ADA/ADA.HTM](http://www.arb.ca.gov/html/ada/ada.htm) FOR ASSISTANCE OR CONTACT THE ADA COORDINATOR AT (916) 323-4916. IF YOU ARE A PERSON WHO NEEDS ASSISTANCE IN A LANGUAGE OTHER THAN ENGLISH, PLEASE CONTACT THE BILINGUAL COORDINATOR AT (916) 324-5049.

ADDITIONAL QUESTIONS MAY BE ADDRESSED TO THE STATIONARY SOURCE DIVISION AT (888) 878-2826.

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8. ENTER THE ZIP CODE + 4 NUMBER CORRESPONDING WITH THE MAILING ADDRESS.
9. IF THE MAILING ADDRESS GIVEN IN QUESTION #5 IS A U.S. ADDRESS, LEAVE THIS FIELD BLANK. IF NOT A U.S. ADDRESS, ENTER THE COUNTRY NAME CORRESPONDING TO THE MAILING ADDRESS.
10. LIST THE NAME OF THE GENERAL OR MANAGING PARTNER.
11. LIST THE JOB TITLE OF THE GENERAL OR MANAGING PARTNER
12. ENTER THE NAME OF THE AUTHORIZED REPRESENTATIVE.
13. ENTER THE TELEPHONE NUMBER (INCLUDING AREA CODE FIRST) OF THE AUTHORIZED REPRESENTATIVE LISTED IN QUESTION 12.
14. LIST THE NAMES OF NO MORE THAN FOUR OF THE SENIOR RESPONSIBLE MANAGEMENT EMPLOYEES (RME.)
15. ENTER THE DBA (DOING BUSINESS AS) AND TRADE NAMES (LIST ALL BUSINESS DBAS AND TRADE NAMES) OF THIS PARTNERSHIP. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER.

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2. CONFIDENTIAL INFORMATION: ☐ YES ☐ NO

[illegible]

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[illegible][illegible]

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[illegible][illegible][illegible][illegible]

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[illegible][illegible][illegible]

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*I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION ENTERED ON THIS DOCUMENT IS TRUE AND CORRECT.*

\_\_\_\_\_  
DATE PRINTED NAME SIGNATURE

**PLEASE FORWARD COMPLETED FORM(S) (BY JAN. 31, 2006) TO:**

**CALIFORNIA AIR RESOURCES BOARD  
STATIONARY SOURCE DIVISION (TRU)  
P.O. BOX 2815  
SACRAMENTO, CA 95812-2815**

KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS. DATE MAILED: \_\_\_\_\_

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